

Mike J. Miller (ND #03419)
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UNITED STATES DISTRICT COURT
DISTRICT OF NORTH DAKOTA
SOUTHWESTERN DIVISION

DIANE FISCHER,

Plaintiff,

v.

MERCK & CO., INC.,

Defendant.

Case No: 1:07-cv-00098

**AFFIDAVIT OF SERVICE BY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

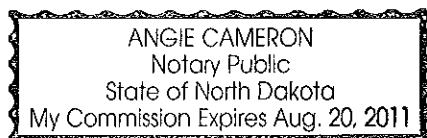
KATIE JOHNSON, of the City of Fargo, County of Cass, State of North Dakota, being first duly sworn, deposes and says that on December 21, 2007, she served the attached **SUMMONS; COMPLAINT AND DEMAND FOR JURY TRIAL; AND NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE OF SUMMONS** by placing true and correct copies thereof in envelopes, addressed as follows:

Merck & Co., Inc.
c/o CT Corporation System
314 Thayer Avenue
P.O. Box 400
Bismarck, ND 58502-0400
Article No: 7000 2870 0000 3337 5957

and depositing the same, with certified mail postage prepaid, in the United States mail.


KATIE JOHNSON

Subscribed and sworn to before me this 21st day of December, 2007.




Notary Public

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|---------|
| OFFICIAL USE | |
| Postage | \$ 1.48 |
| Certified Fee | 2.65 |
| Return Receipt Fee (Endorsement Required) | 2.15 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.28 |

7000 2870 0000 3337 5957

CARGO NO PWD STN 8103
 DEC 21 2007
 USPS

Sent To
 CT Corporation System (Fosmap)
 Street, Apt. No., or PO Box No.
 314 Thayer Ave. P.O. Box 400
 City, State, ZIP+4
 Bismarck, ND 58502-0400

PS Form 3800, May 2000 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature x <i>Belinda Orr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: CT Corporation System 314 Thayer Avenue P.O. Box 400 Bismarck, ND 58502</p> | | <p>B. Received by (Printed Name) <i>Belinda Orr</i></p> <p>C. Date of Delivery 12-24-07</p> | |
| <p>2. Article Number (Transfer from service label) 7000 2870 0000 3337 5957</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540